

FROM : FRZ ZENHAUSERNpha MOS, SA

PHONE NO. : 908 904 0503

Oct. 16 2004 03:09PM P3

PTO/SB/82 (09-03)
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REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/407,581
	Filing Date	September 28, 1999
	First Named Inventor	Frederic Zenhausern
	Art Unit	2857
	Examiner Name	
	Attorney Docket Number	4467-103US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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I hereby appoint the practitioners associated with the Customer Number:

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<input checked="" type="checkbox"/> Firm or Individual Name	Patrick H. Higgins		
Address	Fox Rothschild LLP		
Address	997 Lenox Drive, Building 3		
City	Lawrenceville	State	NJ
		Zip	08648
Country			
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Frederic Zenhausern		
Signature	<i>Frederic Zenhausern</i>		
Date	10-17-04	Telephone	480-727-8187

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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FROM : FRZ ZENHAUSERNpha MOS, SA

PHONE NO. : 908 984 0503

Oct. 15 2004 03:10PM P4

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/407,581
	Filing Date	September 28, 1999
	First Named Inventor	Frederic Zenhausern
	Title	Apparatus and Method for Monitoring...
	Art Unit	2857
	Examiner Name	
	Attorney Docket Number	4467-103US

I hereby appoint:

Practitioners associated with the Customer Number:

Practitioner(s) named below:

Name	Registration Number
Patrick H. Higgins	39,709

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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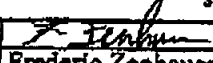
<input checked="" type="checkbox"/> Firm or Individual Name	Patrick H. Higgins				
Address	997 Lenox Drive, Building 3				
Address					
City	Lawrenceville	State	NJ	Zip	08648
Country					
Telephone	609-896-7654	Fax	609-896-1469		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Frederic Zenhausern	Date	10-17-04
Title and Company		Telephone	480-727-8187

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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